

CLAIMS ONLY	Application Number	Filing Date
	Applicant(s)	

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1	1			
3		1		1		
4		1		1		
5		1	1			
6		1		1		
7		1	1			
8		1		5		
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49						
50						
Total Indep	1		3			
Total Depend	7		7			
Total Claims	8		10			

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